



IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

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1068103
AWB

APPLICANTS: Olorenshaw et al.

SERIAL NO.: 09/369,031

FILED: August 4, 1999

TITLE: System And Method For Speech Recognition
Using An Enhanced Phone Set

EXAMINER: Knepper, D.

ART UNIT: 2654

ATTY DKT NO: 3188.01/1144

RECEIVED

AUG 13 2003

Technology Center 2600

Commissioner for Patents
United States Patent & Trademark Office

REQUEST FOR A ONE MONTH EXTENSION OF TIME

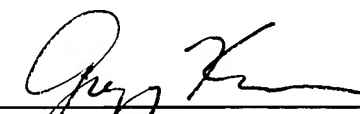
SIR:

Applicants hereby request a one month extension of time in responding to the Final Office Action mailed March 26, 2003 and the Advisory Action mailed July 7, 2003. Enclosed herewith is a check for the \$110.00 filing fee for the extension of time. Please charge our deposit Account No. 05-1443 for additional fees that may be incurred. A duplicate copy of this letter is enclosed for this purpose.

Respectfully submitted,

Date: 7/28/03

By:


Gregory J. Koerner, Reg. No. 38,519
SIMON & KOERNER LLP
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08/12/2003 JADD01 00000046 09369031

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In re application of: Olorenshaw et al.

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Atty. Docket No.: 3188.01/1144

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Title: System And Method For Speech Recognition Using An Enhanced Phone Set

ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR §§ 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A terminal disclaimer is enclosed.
- ☐ No additional fee is required.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	Small Entity		or	Other Than a Small Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Number of Extra Claims Present	Rate	Additional Fee	or	Rate	Additional Fee
Total	58	Minus	50	8	x \$11 =	\$0.00		x \$18 =	\$144.00
Indep.	5	Minus	4	1	x \$41 =	\$0.00	or	X \$84 =	\$84.00
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					+\$135 =	\$0.00		+\$270 =	\$0.00
					Total Fee	\$0.00		Total Fee	\$228.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.


*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1443 in the amount of \$____. A duplicate copy of this sheet is attached.
- ☒ Enclosed please find a check for \$ 228.00 for the additional claims
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1443. A duplicate copy of this sheet is attached.

- ☒ Any filing fees under 37 CFR § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR § 1.17.

Respectfully submitted,

Dated: 7/28/03


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